

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

SECRETARY OF THE SENATE

11 JUN 21 AM 11:03

1. (a) Name of Candidate (in full) Mr. Sheldon Whitehouse			2. Identification Number S6RI00221	
(b) Address (number and street) P.O. Box 40280			<input type="checkbox"/> Check if address changed	
(c) City, State and ZIP Code Providence RI 02940			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate RI 00		

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Whitehouse for Senate		
(b) Address (number and street) P.O. Box 40280		
(c) City, State and ZIP Code Providence RI 02940		

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**


(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Rhode Island/Ohio Victory Fund		
(b) Address (number and street) 426 C St. NE		
(c) City, State and ZIP Code Washington DC 20002		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate 	Date 6/8/11
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**NOTE:** Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC FORM 2 (REV. 02/2009)

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

CA RI MN MD Victory Fund

(b) Address (number and street)

426 C St. NE

(c) City, State and ZIP Code

Washington

20002

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

RI MN MD Victory Fund

(b) Address (number and street)

426 C St. NE

(c) City, State and ZIP Code

Washington

20002

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Searchlight Tahoe Victory Fund

(b) Address (number and street)

700 13th St. Suite 600

(c) City, State and ZIP Code

Washington

20005

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# United States Senate

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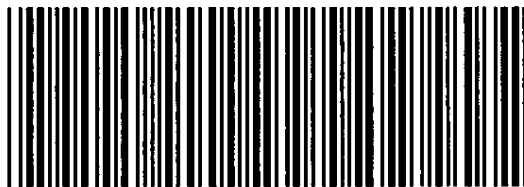
PREPARER

RD

DATE PREPARED

06-21-11

11020224741



1102022A742